GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:2606
ANSWERED ON:17.03.2017
Anaemia
Karandlaje Km. Shobha

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of prevalence of anaemia in women of reproductive age group (15-49 years) during the last three years, as per National Family Health Survey (NFHS) data;

(b) whether the Government has launched any comprehensive Scheme to combat the public health challenge of Iron Deficiency Anaemia; and

(c) the details of other measures taken by the Government to prevent and treat anaemia amongst women in the country?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a): The prevalence of Anemia in reproductive age group (15-49 years) is captured through National Family Health Survey (NFHS) and the data is not available every year.
Prevalence of anaemia in women of reproductive age group (15-49 years) in India has witnessed a decline from 55.3% in 2005-06(NFHS-III) to 53.0% in 2015-16(NFHS-IV).
(b) & (c): Under the National Health Mission (NHM), the steps taken to tackle anaemia for women of reproductive age group (15-49 years) are:
i. Ministry of Health and Family Welfare in 2013 launched "National Iron plus Initiative" as a comprehensive strategy to combat the public health challenge of Iron Deficiency Anemia prevalent across the life cycle. There are age specific interventions with Iron and Folic Acid Supplementation and Deworming for improving the hemoglobin levels and reducing the prevalence of anemia for all age groups, that is children 6-60 months, 5 − 10 years, adolescent girls and boys (10-19 years), pregnant and lactating women and women in reproductive age group (15 − 45 years).

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ii. Universal screening of pregnant women for anemia is a part of ante-natal care and all pregnant women are provided iron and folic acid tablets during their ante-natal visits through the existing network of sub-centers and primary health centers and other health facilities as well as through outreach activities at Village Health & Nutrition Days (VHNDs). These women are also counselled for dietary habits.

iii. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been recently launched to focus on conducting special ANC check up on 9th of every month with the help of Medical officers/ OBGYN to detect and treat cases of anemia.

iv. Health management information system & Mother Child tracking system is being implemented for reporting and tracking the cases of anemic and severely anemic pregnant women.

v. Every pregnant woman is provided with about 360 tablets of iron and folic acid to cover the ante natal and post-natal period. Pregnant women, who are found to be clinically anemic, are given additional tablet for taking two tablets daily.

vi. Operationalization of Blood Bank in District Hospitals and Blood Storage Unit in Sub district facilities such as Sub-Divisional Hospital/ Community health Centers is being taken to tackle complications due to severe anemia etc.

vii. To tackle the problem of anemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.

viii. Health and nutrition education through IEC & BCC to promote dietary diversification, inclusion of iron folate rich food as well as food items that promotes iron absorption.

ix. MCP Card and Safe Motherhood Booklet is being distributed to the pregnant women for educating them on dietary diversification and promotion of consumption of IFA.

x. Information, Education and Communication (IEC) material in the form of posters, hoardings, wall-writings and audio-visuals have been developed disseminated to the States/UTs to promote prevention of anemia.
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